

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K83399 (1)
1. Corporation Name
SOUTH FINANCIAL CORPORATION



Principal Place of Business 1724 NE 2ND ST GAINESVILLE, 32609 US	Mailing Address 1724 NE 2ND ST GAINESVILLE, 32609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/26/1989	
				4. FEI Number 59-2944964	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent MURPHY, THOMAS F., JR. 1724 NE 2ND ST GAINESVILLE FL 32608				10. Name and Address of New Registered Agent			
				81 Name Glynn Wimberly			
				82 Street Address (P.O. Box Number is Not Acceptable) 1724 NE 2nd Street			
				83			
				84 City Gainesville FL 85 Zip Code 32609			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Glynn Wimberly, CEO (Signature, type or printed name of registered agent, and title, if applicable.) (NOTE: Registered Agent signature required when reinstating.) DATE: 4/21/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chief Executive Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, THOMAS F., JR.	1.2 NAME	Glynn Wimberly
STREET ADDRESS	1820 NE 2ND ST.	1.3 STREET ADDRESS	1724 NE 2nd Street
CITY-ST-ZIP	GAINESVILLE FL	1.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AKINS, JEAMME	2.2 NAME	Bruce Wiltse
STREET ADDRESS	1724 NE 2ND STREET	2.3 STREET ADDRESS	1724 NE 2nd Street
CITY-ST-ZIP	GAINESVILLE FL	2.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE	VPT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Chief Financial Officer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSEY, MICHAEL D. ,	3.2 NAME	Tracy Maxwell
STREET ADDRESS	1820 NE 2ND ST.	3.3 STREET ADDRESS	1724 NE 2nd Street
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, FL 32609
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Secretary & Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Ricky Brown
STREET ADDRESS		4.3 STREET ADDRESS	5901 Peachtree Dunwoody Rd Suite 250B
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Atlanta, Ga. 30328
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E034 (10/97)